Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 Tallahassee, FL 222-1092 Zip Phone *****35.00 *****35.00 City State **CORPORATION(S) NAME** Rehabilita + Prosthetic () Profit () Amendment () Merger () NonProfit () Limited Liability Co. () Dissolution/Withdrawal () Mark () Foreign () Annual Report () Other UCC Filing () Limited Partnership Change of B.A. () Reservation () Reinstatement)Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk In () Mail Out Name Availability BLEASE RETURN EXTRA COPIES FILECSTAMPED Document Examiner Updater Verifier Acknowledgment

W.P. Verifier

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Orthotic & Prosthetic Rehabilitation 1a. The name of the corporation is:-Technologies, Inc. Document number P92000012599 12/14/92 1b. Date of incorporation 2. The name and address of the current registered agent and office: Robert W. Grubbs 10546 158th Street N. Jupiter, FL 33478 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Finda 33324 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Brad P. Behr, Vice President Typed or printed name and title SIGNATURE May 20, 1997 DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

SIGNATURE BY/_

THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CR2E045 (7-91)

FILING FEE: \$35.00

WARY ALICE ROGERS
Special Assistant Secretary

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